

10/517810

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**DESIGNATION OF TEN ATTORNEYS  
FOR POWER OF ATTORNEY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

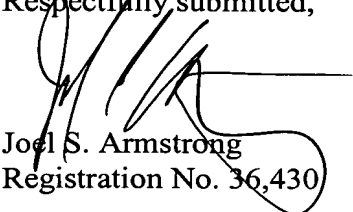
This serves as a separate paper in compliance with 37 CFR §1.32(b) indicating that the following ten patent practitioners named in the attached power of attorney are to be recognized by the Patent Office as being of record in the application to which the attached power of attorney is directed:

(10)

**James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450;  
Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565;  
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025;  
Paul Tsou, Reg. No. 37,956; and Richard E. Rice, Reg. No. 31,560.**

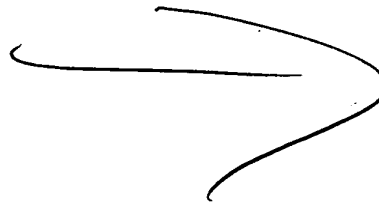
**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION  
SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944,  
TELEPHONE (703) 836-6400.**

Respectfully submitted,

  
Joel S. Armstrong  
Registration No. 36,430

JSA/nxy

Date: December 14, 2004



**DECLARATION AND POWER OF ATTORNEY 10/517810  
UNDER 35 USC §371(c)(4) FOR  
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:  
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: METHOD OF DESCRIBING EXISTING DATA USING NATURAL LANGUAGE AND PROGRAM FOR SUCH A METHOD described and claimed in international application number PCT/JP2003/002278 filed February 27, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Japanese Patent Application No. 2002-178303 filed June 19, 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

NONE

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;  
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;  
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025;  
Richard E. Rice, Reg. No. 31,560; and Paul Tsou, Reg. No. 37,956.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	<b>Typewritten Full Name of Sole or First Inventor</b>	1-00 <u>Shuichi</u> <u>ARAKI</u>		
		Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>	<u>Shuichi</u>		
3	<b>Date of Signature:</b>	<u>11/26/2004</u>		
	<b>Residence:</b>	Month	Day	Year
	Otsu-shi	Shiga	JAPAN	
	<b>Citizenship:</b>	City	State or Province	Country
	Japanese	JP		
	<b>Post Office Address: (Insert complete mailing address, including country)</b>	3-8, Akibadai, Otsu-shi, Shiga 520-0822, JAPAN		

**Note to Inventor:** Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

**IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒**  
(Discard this page in a sole inventor application)

**BEST AVAILABLE COPY**

1	Typewritten Full Name of Joint Inventor	200 Michio	10/51/81
2	Inventor's Signature:	Given Name Michio	Middle Initial Ogura
3	Date of Signature:	11/26/2004	Family Name
	Residence:	Month Kyoto-shi	Day JAPAN
		City Kyoto	Country
	Citizenship:	Japanese	
	Post Office Address: (Insert complete mailing address, including country)	11-72, Hirano Kamiyanagi-cho, Kita-ku, Kyoto-shi, Kyoto 603-8355, JAPAN	

1	<b>Typewritten Full Name of Joint Inventor</b>		
	Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>		
3	<b>Date of Signature:</b>		
	Month	Day	Year
	<b>Residence:</b>		
	City	State or Province	Country
	<b>Citizenship:</b>		
	<b>Post Office Address:</b>		
	(Insert complete mailing address, including country)		

1	<b>Typewritten Full Name of Joint Inventor</b>		
	Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>		
3	<b>Date of Signature:</b>		
	Month	Day	Year
	<b>Residence:</b>		
	City	State or Province	Country
	<b>Citizenship:</b>		
	<b>Post Office Address:</b>		
	(Insert complete mailing address, including country)		

1	<b>Typewritten Full Name of Joint Inventor</b>			
		Given Name	Middle Initial	Family Name
2	<b>Inventor's Signature:</b>			
3	<b>Date of Signature:</b>			
		Month	Day	Year
	<b>Residence:</b>			
		City	State or Province	Country
	<b>Citizenship:</b>			
	<b>Post Office Address:</b> (Insert complete mailing address, including country)			

**Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.**

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.**

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